



Town of Mashpee
BOARD OF HEALTH
16 GREAT NECK ROAD NORTH
MASHPEE, MASSACHUSETTS 02649
(508) 539-1426

FEE: **\$40.00**

Date: _____

Receipt No: _____

Hearing Date: _____

PUBLIC HEARING/VARIANCE REQUEST FORM

LOCATION:

Property Address: _____

Assessor's Map and Parcel Number: _____ Size of Lot: _____

Wetlands Within 300 Ft. Yes Business Name: _____
 No Subdivision Name: _____

Applicant's Name: _____ Phone Number: _____

Did the owner of the property authorize you to represent him or her? Yes No

PROPERTY OWNER'S NAME

CONTACT PERSON

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Variance from Regulation (List Regulation)

(Please attach additional sheets if more space is needed)

NATURE OF WORK

New Construction

House Add./Renovation

Repair of Failed Septic System

Checklist (To be completed by office staff person receiving variance request application.)

- One copy of the completed variance request form (if engineered plans are submitted electronically).
- Two copies of the engineered plans submitted (e.g. septic system plans).
- Two copies of labeled dimensional floor plans submitted (e.g. house plans or restaurant kitchen plans).
- Signed letter stating that the property owner authorized you to represent him/her for this request.
- Applicant understands that the abutters must be notified by certified mail at least ten days prior to meeting date at applicants' expense. (For Title V property line and well variances only.)
- Full menu submitted for grease trap variance requests only.
- Variance request application fee collected. (No fee for variances to repair failed sewage disposal systems.)
- Variance request submitted at least 15 days prior to meeting date.

VARIANCE APPROVED: _____
NOT APPROVED: _____
REASON FOR DISAPPROVAL: _____